Announcement

Announcing the Release of our Updated Provider Manual
MCNA has recently updated the Passport Health Plan Provider Manual to Version 1.8.
You may log in to our Online Provider Portal (http://portal.mcna.net) to download a copy for your office.

Quick Tips

Clinical Criteria
MCNA’s Quality Improvement Program requires that we review the clinical criteria utilized to make coverage determinations annually. However, updates are made based on industry standard best practices and occur throughout the year.

After Hours Policy
Every office needs to have a policy in place for After Hours Emergency Care. Passport Health Plan and DMS require an after-hours phone arrangement that ensures that a provider (or designated medical practitioner) returns the call within thirty (30) minutes. If you need assistance developing your policy, call Provider Relations at 1-800-494-6262, option 6.

Quality Management

MCNA has a Quality Improvement (QI) Program that is designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, and resolve identified problems using the prevailing professional standards of care. The purpose of this program is to measure the quality of key performance indicators (KPIs) for clinical and non-clinical services. In addition to measuring quality, the program monitors key areas of dental care delivery to identify problems and ensure the early recognition of opportunities to improve the delivery of quality dental care.

Your Role in Quality
Every Passport Health Plan dentist is a participant in the Quality Improvement Program through his or her contractual agreement with Passport Health Plan. You may be asked to serve on any of the committees that are part of the Quality Improvement Program or contribute to the development of clinical practice guidelines, audits, member education programs, etc. Participation on a committee is voluntary.

You may obtain a copy of the MCNA Quality Improvement Program by contacting our Provider Relations Department at 1-800-494-6262.

Performance Improvement Projects

MCNA has quality initiatives such as Performance Improvement Projects (PIPs) designed to enhance clinical and non-clinical efficiency, improve dental health outcomes, and member and provider satisfaction. The goal of PIPs is to achieve the highest level of success for member and provider outcomes.

The PIPs are central to quality improvement. For one of its PIPs, MCNA has selected the study topic of improving performance on the percentage of children receiving preventive dental services (dental sealants/prophylaxis). The performance goal is to increase the utilization of any preventive service by at least 6 percentage points from the baseline measurement.

MCNA Dental would like to encourage you to reinforce the periodicity schedule with your patients and continue to educate them on the importance of obtaining preventive services. The target is to increase utilization of preventive services for our members in the following procedures:

- Periodic Oral Evaluation (D0120)
- Prophylaxis (D1120)
- Fluoride (D1203)
- Sealants (D1351)
Promoting Oral Health

MCNA supports the American Dental Association (ADA) standards on promoting oral health. ADA recommends steps to maintain the health of teeth and gums. We want to share their steps with you so you can pass them on to our members and your patients.

- Brush your teeth twice daily with fluoride toothpaste
- Floss daily or use other special types of cleaners recommended by your dentist
- Eat a healthy diet and limit snacks
- See your dentist regularly
- Ask about sealants for children.

Access and Availability Requirements

Appropriate access to care is an essential part of MCNA’s Quality Improvement Program. Access to care is monitored by the Provider Relations and Quality Improvement Departments. Periodically, a written inquiry or phone call may be generated by a Provider Services Representative to obtain information concerning the next available appointment.

The Quality Improvement Department at MCNA would like to remind providers of the Appointment Availability Standards and Policies set by the State. Quality of care for our members is critical and regularly monitored.

MCNA’s Provider Relations Department will conduct the following studies:

- On-site evaluation or phone verification of the provider’s waiting room times and appointment scheduling system that include regular and routine care, appointments and urgent care appointments.
- After hour telephone calls to evaluate provider availability.

Good Oral Health
at a Young Age!

The ADA recommends that children visit the dentist as early as the first tooth eruption and no later than 12 months of age.

Appointment Availability

Emergency Care: Patient must have access 24 hours a day/7 days a week to relieve pain or prevent worsening of a condition. The dentist must be available to the member or arrange for another dentist to provide services.

Urgent Care: Immediately or within 48 hours.

Routine Care: Within 21 days.

Hygiene Appointments: Within 6 weeks.

Routine Symptomatic: Within 2 weeks.

After-Hours Coverage

According to the American Dental Association Principles of Ethics and Code of Professional Conduct, each practice is obligated to make reasonable arrangements for the emergency care of their patients of record.

These arrangements should cover any time after regular business hours (evenings, weekends and holidays).

The coverage may consist of an answering service, call forwarding, provider call coverage, or other approved customary means.
The Importance of Proper Dental Record Keeping

Accurate record keeping will ensure appropriate and systematic flow of the treatment plan. Dental record keeping has become increasingly important particularly for research, audit and medico-legal purposes. Clinical records must be maintained at a level that allows proper assessment of care provided.

MCNA has developed a methodology for assessing performance and compliance to dental record keeping standards. The review will focus on members who received dental health services within the previous year. MCNA's QI staff will review a minimum of three (3) charts per individual provider or ten (10) per group practice. MCNA will evaluate how well you comply with the record-keeping standards by noting if the amount of medical information included in the member's file is sufficient. To ensure continuity of care, each member’s record must also reflect all aspects of the care you provided.

To assist you in this process, MCNA has developed a checklist of elements to be assessed. Please review and save the below checklist.

Checklist for Compliance Standards for Dental Records

- Are significant illness and medical conditions indicated on the problem list?
- Are there relevant psychological and social conditions, mental/behavioral health and substance abuse history documented?
- Are medication allergies and adverse reactions prominently noted in the medical record (i.e. NKA or NKDA)?
- Is there documentation of a medication list and/or prescribed therapies?
- Are medication strength, dose, amount and number of refills documented?
- Is there documentation that the member was given directions on how to use medication(s)?
- Is there documentation of written denials for service and the reason for the denial(s)?
- Is past dental history easily identified and does it include serious accidents, operations and illnesses?
- Do all entries indicate the chief complaint or purpose of the visit, the objective findings of the practitioner, diagnosis and proposed treatment?
- Are working diagnoses consistent with clinical findings?
- Are treatment plans consistent with diagnoses?
- Do encounter forms or treatment notes have a notation, when indicated, regarding follow-up care, calls or visits? Are times of return noted in weeks, months or as needed?
- Are unresolved problems from previous office visits, referrals, diagnostic testing and status of preventive dental screenings addressed in subsequent visits?
- Are consent forms maintained in the dental record?
- If a consultation is requested, are the date, time and consultant note included in the record?
- If a consultation is requested, is there evidence of review for over- or under-utilization?
- Does the record reflect that labs and/or other studies were ordered as appropriate?
- Are consults and/or imaging reports reviewed and initialed by the ordering dental provider?
- Are progress notes, lab results, x-ray/imaging studies, hospital records (i.e. ER reports and discharge summaries), physical therapy reports, etc. included in the record (if applicable)?
- When emergency care is indicated, does the record reflect follow-up care post-emergency care?
- Is there evidence that the member is placed at inappropriate risk by a diagnostic or therapeutic procedure?
- Is there evidence of member identification information, with each page reflecting the member’s name or identification?
- Does the record have one-time identification of personal/biographical data, including social security number, date of birth, age, gender, marital status, home and work telephone number, home and work address, mailing address (if different from home), school/employer name and emergency contact’s name and telephone number (if no phone contact name and number were provided)?
- If the member is <18 years of age, is there documentation of the parent, caregiver or guardian?
- Is there one-time identification of race, ethnicity and language spoken?
- Are entries signed by the provider by first and last name credentials? (Note: Electronic signature is acceptable.)
- Is an entry date indicated?
- Does the record have evidence of reportable diseases and conditions? If so was it reported to the local Department for Public Health?
- If the member is 18 years of age and older, is there documentation of whether the member executed an advance medical directive?
- If the member is 12 years of age and older, is there identification and history of nicotine, alcohol use or substance abuse?
- Is the dental record documentation maintained in detail and is it legible to persons besides the writer of the documentation?